

-62-035199

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 492

FILED OCT 8 1962

VS 300 Rev. 4/59

10499

20061

3

4 0

5 0

6

7 0

8 2

99049

10 45

11 006

123-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Joplin</b> Length of stay in 1b <b>1 week</b>		c. CITY OR TOWN <b>Lamar</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>407 Gulf St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>DELBERT</b> Middle <b>MOORE</b> Last <b>MOORE</b>		4. DATE OF DEATH Month <b>September</b> Day <b>24</b> Year <b>1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-3-1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Hand, Ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco R. R.</b>	11. BIRTHPLACE (City and state or country) <b>Liberal, Mo.</b>
13a. FATHER'S NAME <b>William F. Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Scott</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mr. Oren Troop, Pittsburg, Kansas</b> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute cerebro-vascular accident</b> INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b> DUE TO (b) <b>Subcapital fracture right humerus</b> <b>approx. 1 wk</b> DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Verbal permission was obtained from distant relative but autopsy permit was not signed</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <b>No history was obtainable from this patient as he was confused at the time he entered the hospital and no history was obtainable.</b>	
20c. TIME OF INJURY Hour <b>unknown</b> Month, Day, Year <b>unknown</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) <b>unknown</b>	20f. CITY, TOWN, OR LOCATION <b>Barton</b> COUNTY <b>Missouri</b> STATE
21. I attended the deceased from <b>9-16-62</b> to <b>9-24-62</b> and last saw <sup>her</sup> him alive on <b>9-24-62</b> Death occurred at <b>approx 9:30 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Wardman MD</b>		22b. ADDRESS <b>Medical Arts Bldg., Joplin, Mo.</b>	22c. DATE SIGNED <b>10-2-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-25-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shiloh Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Barton County, Missouri</b>
24. FUNERAL DIRECTOR <b>Chiles Funeral Home, Lamar, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>10-2-1962</b>	26. REGISTRAR'S SIGNATURE <b>Dove Merriman</b>

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_ Signed: Clarence S. Chabe

Signature of Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Lena, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.